

While we believe that efforts such as the FDA press release are essential and probably do have considerable effect, the limited data in our investigation cannot support this conclusion. Perhaps a well-controlled time-series analysis would more accurately assess this issue, and we are currently pursuing such an evaluation. While researchers continue to try to identify the best way to prevent interactions, such widespread efforts to inform health care professionals should be strongly encouraged.

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Oregon Health Plan—Clarification

TO THE EDITOR: I found the Special Series in the July issue on health care reform to be interesting and informative. As one of the original Commission members who formulated the Oregon Health plan,¹ I was particularly interested in the article by Dr Young.² I do have one small correction to his comment on page 75, "Services below this line were not to be available." This is commonly stated, but it would be more accurate to say, "Services below this line were not to be paid for." Oregonians desiring low-priority procedures that the state legislature has decided not to fund may still be able to receive them—and definitely will be able to receive a diagnosis—but the physicians and hospitals who provide these services will not be compensated for them. The hope is that this will cause Oregonians to think about where they want to spend their limited health care dollars and reward preventive and more efficacious treatment.

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REFERENCES

1. Allen R: Caring for the Uninsured. *Arch Pathol Laborator Med* 1991; 115:437-4391
2. Young EWD: Rationing—Missing ingredient in health care reform. *West J Med* 1994; 161:74-77

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Dr Young Responds

TO THE EDITOR: I am grateful to Dr Allen for clarifying this point. I meant to say that services below this line were not to be available through the State's Medicaid program. Dr Allen's hope that "this will encourage Oregonians to think about where they want to spend their limited health care dollars, and reward preventive and more efficacious treatment" is one that is shared by all of us concerned about meaningful rather than politically expedient health care reform.

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Physicians and Health Care Reform

TO THE EDITOR: The article on physicians' attitudes towards health care reform¹ was seriously flawed by what the authors describe as a "limitation"—the only choices they presented were managed competition, a single-payer system, or no change. Their justification, that these are the plans "that are currently receiving the most serious consideration nationally," simply will not do for two reasons: it is not true and what is being considered by non-physicians should have little bearing on deciding what physicians think is best.

It is not true because the Republican bill also has a great many supporters both in and out of Congress. It is true that it is not being considered for the next few months because the Democratic leadership in the Congress will not let it be considered there, but virtually all political observers I have heard or read lately agree that both options above will have no chance after the coming elections.

What is being considered by nonphysicians is barely relevant to what physicians think is best. For example, a patient has pneumonia, and we are offered the choice of treating him with tetracycline, aspirin, or fluconazole. Most of us would not fall for this; we would ask, "Where is the penicillin?" Similarly, we have a sick health care system caused by government interference in the physician-patient relationship and government-stimulated insurance interference in that relationship—including the antitrust stance of the government against physicians. The choices that Malter and colleagues offer us for treating the health care system are much more government and insurance company interference, nearly complete government interference in the relationship, or leave it as sick as it is. This is nonsense. We need a choice of how to get the government and insurance companies back where they belong—as advisors to patients and reimbursers of charges that they cover. The American Medical Association and Republican plans both have many aspects favorable to this goal, and a real survey should include them.

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REFERENCE

1. Malter AD, Emerson LL, Krieger JW: Attitudes of Washington State physicians toward health care reform. *West J Med* 1994; 161:29-33

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The Authors Respond

TO THE EDITOR: Dr Hamilton is correct to note that our survey did not assess the attitudes of physicians about all types of proposed health care reform. As we discussed in the article, we focused on managed competition and single-payer reforms for two reasons. At the time of the survey these were the proposals being considered most seriously nationally. Also, these were the only two plans—and indeed still are the only two plans—that would provide universal coverage.